



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF FUNERAL SERVICES

TELEPHONE: (302) 744-4500
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**APPLICATION FOR FUNERAL DIRECTOR LICENSURE
INSTRUCTION SHEET**

When to Apply

Use this form and instructions when you are applying for Delaware licensure as a Funeral Director. To apply for licensure, you *must* meet one of the following requirements:

- To apply by resident internship, you must *complete* a Delaware Resident Internship.
- To apply by reciprocity, you must hold a *current* license as a Funeral Director in another state and have practiced as a funeral director at least three of the past five years.

If you meet neither of the requirements above, you must serve a one-year internship in a Delaware-licensed funeral establishment under the sponsorship of a Delaware-licensed Funeral Director. To apply for an internship, file the [Application for Resident Intern Registration](#).

Requirements for All Applicants

The following requirements apply to all persons filing for Funeral Director licensure, regardless of whether or not you have completed a Delaware Resident Internship.

- ☐ Submit a completed, signed and notarized [Application for Funeral Director Licensure](#).
- ☐ Enclose non-refundable [processing fee](#) for Funeral Director by check or money order made payable to "State of Delaware."
- ☐ If you have ever held a funeral license of any kind in another state, arrange for the Board office to receive a letter of good standing from *each* state where you are now (or have ever been) licensed, sent *directly* from each state to the Board office.
 - If the state issues separate licenses for funeral directors and embalmers, letters of good standing for both licenses are required.
- ☐ If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Applicants by Resident Internship

If you have served a Delaware Resident Internship, you must also meet these requirements.

- ☐ If you have not already done so, submit the required 25 embalming reports and four quarterly reports.
- ☐ If you have not already done so, arrange for the Board office to receive your official National Board Examination score report sent directly from the International Conference of Funeral Service Examining Boards.
 - To request a score report, see www.cfseb.org.

- ☐ Your sponsor must submit a **notarized** letter from your sponsor confirming that you successfully completed your internship.

State Examination Requirement

All applicants, whether applying for licensure by resident internship or by reciprocity, must pass an examination on Delaware law, rules and regulations with a minimum score of 70%.

- The Board must review your [Application for Funeral Director Licensure](#) and all other required documentation, listed above, *before* you can schedule the examination.
- When the Board has approved your application contingent on your passing the exam, the Board office will notify you to schedule the examination.
- When you schedule the exam, the Board office will request the examination [fee](#). Do not send the fee until your exam is scheduled. You may also bring the fee (no cash) with you on the day of the exam. If you request rescheduling of the examination after it has been shipped to the Board office, you will be assessed an additional fee of \$15 to cover the shipping costs.
- The testing service will send your examination results directly to the Board office. Allow two to four weeks for the Board office to receive your results.
- Your license will be issued when you pass the examination.



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APPLICATION FOR FUNERAL DIRECTOR LICENSURE

TYPE OF APPLICATION – All applicants complete this section.

1. Select the situation that applies to you (check one):

- ☐ **Resident Internship** – I have completed one-year Delaware Resident Internship in a Delaware-licensed Funeral Establishment under the supervision of a Delaware-licensed Funeral Director. My Resident Intern registration number is K3-_____.
- ☐ **Reciprocity** – I hold a *current* license as a Funeral Director in another state and have practiced as a funeral director at least three of the past five years.
- ☐ **Reapplication** – I am reapplying for licensure because I previously held a Delaware Funeral Director license that is now lapsed. My Funeral Director license number was K1-_____.

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

2. Name: _____
Last/Family Name First Middle
3. Other Name(s) Used: _____
4. Date of Birth (mm/dd/yyyy): _____ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
- If Yes, Enter your SSN: _____
 - If No, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____

City State Zip
7. Phone: _____
8. Email Address: _____

LICENSURE HISTORY – All applicants complete this section.

9. Do you hold, or have you ever held, a license to practice funeral services? Yes ☐ No ☐ If yes, give the following information about each license you have held. If you need more room, attach a separate sheet.

STATE	LICENSE NUMBER	LICENSE STATUS

Arrange for the Board office to receive a license verification (also called a letter of good standing) sent *directly* to the Board office from each state listed above.

10. Has any jurisdiction ever rejected or denied your application for licensure? Yes ☐ No ☐ **If yes, submit a letter of explanation.**

PRACTICE HISTORY – Complete this section *only if applying by reciprocity*.

11. Have you practiced funeral service in at least three of the past five years? Yes ☐ No ☐ If yes, enter the following information about your practice over the past five years. If you need more space, attach a separate sheet.

BUSINESS NAME WHERE PRACTICED	ADDRESS	DATES OF EMPLOYMENT

DISCLOSURES – All applicants complete this section.

12. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
13. Have you been the recipient of any administrative and/or disciplinary penalties regarding your practice of funeral services including, but not limited to, fines, formal reprimands, license suspensions or revocations (except for license revocation for non-payment of renewal fees), probationary limitations, and/or have you entered into any consent agreements which contain conditions placed by a Board on your professional conduct and practice, including any voluntary surrender of license? Yes ☐ No ☐ **If yes, submit a letter of explanation.**
14. Are you currently under investigation or are any complaints pending against you in any other jurisdiction? Yes ☐ No ☐ **If yes, submit a letter of explanation.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items **no later than 4:30 PM** ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-12 weeks to receive your license.

AFFIDAVIT

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signs this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant: _____ Date: _____

State of _____ County or City of _____

The applicant named above, being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements in it are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____ 2 _____

Signature of Notary Public: _____

SEAL

My commission expires _____

APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.